

Kentucky Department of Insurance  
Continuing Education/Pre-Licensing Program  
Course Approval Application

☐ **Continuing Education Course**
☐ **Pre-Licensing Course**

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

Provider Name		Provider Number
Course Title (maximum 40 characters)		Course Number (Leave Blank)
<b>Course Type:</b> <input type="checkbox"/> Self-Study <input type="checkbox"/> Classroom <input type="checkbox"/> Workshop/Seminar <input type="checkbox"/> Correspondence Towards Designation <input type="checkbox"/> Professional Association <input type="checkbox"/> Video/Audio <input type="checkbox"/> Teleconference <input type="checkbox"/> Computer Based Training (Classroom) <input type="checkbox"/> Computer Based Training (Correspondence)		For classroom only, how many contact hours will students be required to attend class to receive credit?  _____
<b>How will classroom attendance be verified? (check all that apply)</b> <input type="checkbox"/> Periodic Roll Call or Attendee Audit <input type="checkbox"/> Sign-in/out Sheet and Door Monitor <input type="checkbox"/> Attendance Ticket and Door Monitor Other _____		<b>Do you require an examination for credit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide a summary description of the content and scope of the course below ( <i>minimum 50 words</i> ): _____ _____ _____		
For classroom courses: Attach a comprehensive course outline or syllabus. Annotate the outline indicating for each section the number of minutes of instruction that will be offered. Attach a copy of the final examination and exam plan, if applicable.		
<b>Course Concentration Requested:</b> Please check all that apply. (Ethics course must be filed as separate course for Ethics credit to be granted.)		
_____ Annuity Suitability (Federal Training Requirement) _____ Flood – NFIP _____ Life _____ Variable Life/Variable Annuity _____ Health _____ Personal Lines	_____ Annuities and Securities _____ Long Term Care Partnership Act _____ General Insurance Principles _____ Life Settlement _____ Property _____ Casualty	_____ <b>Ethics (Must be filed as separate course)</b>
Has this course been previously approved by Prometric in another state? <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 20px;"><input type="checkbox"/> No</span>		If yes, provide Prometric-issued course number.
I certify that the information on this form and all other supporting documentation accurately represents the course of instruction that will be offered. I agree to conduct this course in accordance with all applicable policies and program requirements established by the Kentucky Department of Insurance.		
Print/Type Name of Provider Representative	Signature	Date
_____	_____	_____
_____	_____	_____

Return this original completed form with course outline and timeframe, and/or course materials to:

Prometric, 1260 Energy Lane, St. Paul, MN 55108

Send a copy of this form (no course attachments) with course filing fees (\$10.00 per course) and form KYF-01 to:

Kentucky Department of Insurance, P. O. Box 517, Frankfort, KY 40602-0517